

Date Received: _____

Complaint #: _____

KENTUCKY BOXING AND WRESTLING AUTHORITY

Complaint Form

Filed By:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Filed Against:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Promotion Information:

Name: _____

Show Date: _____ Location: _____

Witnesses

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

4. Name: _____ Phone #: _____

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ Date: _____

Phone #: 502-564-0085